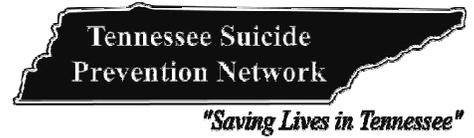


# can you hear me?

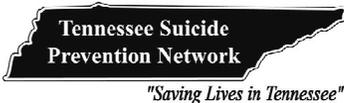


stories of people who have survived suicide attempts

april - may 2014

issue 1

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TSPN works across the state to eliminate the stigma of suicide and educate communities about the warning signs of suicide, with the ultimate goal of reducing suicide rates in the state of Tennessee.

TSPN's continued success is due in large part to volunteers willing to donate their time and energy.

If you would like to volunteer with TSPN, please call (615) 297-1077 or e-mail [tspn@tspn.org](mailto:tspn@tspn.org)

## To Make What I Did Wrong Right

*Christine O'Hagan, an attempt survivor from Texas, contributed the following article to "What Happens Now", a blog for survivors of suicide attempts ([attemptsurvivors.com](http://attemptsurvivors.com))*

It's been more than a year since I decided my life had to end. There had been many times when I felt I might want to end it eventually, but on Nov. 30, 2012, I had the sudden realization that every breath was more painful than the last. I was in the darkest place I have ever been, and I saw no way out. The pain was physical, mental and emotional, and it shook my body and soul. Nothing was comparable, and I've been through some painful moments. I've survived cancer and lupus. I've given birth without pain medicine or epidurals. I've been hurt emotionally and mentally but had never felt anything like this before. The pain had to stop. So when my children left for school for the day, I called in sick to work and said what I thought would be a final prayer for peace.

Now, all these months later, I understand what I could have and should have done differently. I should have reached out sooner. I could have asked for help. I might have recognized that what I was feeling was biological and not my fault. This was not a weakness or a character flaw. Now I know it has a name. I have since been diagnosed as having OCD and major depressive disorder. I have been depressed the majority of my life, and most likely it is a result of both biological factors and issues from my past. I suffered abuse as a child from a neighbor, from a significant other as an adult, and most horribly from myself throughout my life. If I had loved myself, maybe the others could have been overcome.

I also learned that depression runs in my family. I have a great-grandmother who attempted suicide, as I was told in hushed tones. She was known to have "taken to her bed" for days at a time. At the end of her life, she told me that she had to "sing her dark feelings away." We used to sing together when I was a child, and I loved that we had our strong alto voices in common. Now I know we share much more.

My greatest coping mechanism has been overachievement. I am one of those odd personalities that loves to be tested. It's as though the less I thought of myself, the more I had to prove. I was the first in my family to go to college. I worked the whole time I was in school, often two or three jobs at once, while being a single mom. The controlled chaos was invigorating. If I wasn't under pressure, I was miserable and had to find a new challenge. This is why I also got into boxing, karate, marathon running and raising money for charities. I had to find something to make me feel like I belonged with all of the amazing people around me. Someone my children could look up to.

Eventually, after earning an MPA and a name in my industry, I was offered a position as a VP of a new multi-million-dollar project in an affluent area of town. I was known as someone who could get things done, even when other people said it wasn't possible. I loved my job. I could achieve there.

That's what has made these last few months so damn difficult for me.

My illness had been kept a secret from all but a handful of people who had to know. But now I have started to tell others.

## To Make What I Did Wrong Right (continued)

I have been torn by my sense of obligation and my need to preserve my status in my profession. I am somewhat respected, and I know how people who have done what I did are perceived. I'm starting to learn that I am not my illness, but in 2012 I didn't feel this way. How can I expect people who've never been touched by depression, let alone suicide, to understand that I'm still very capable of being trusted with sensitive, meaningful projects?

After my attempt, I was diagnosed. My hospital therapist told my family that my attempt was gravely serious and to not let me pretend it was not a big deal.

And yet, my clients never knew I was gone. I went back to work like nothing had happened. Those who knew I was gone for a short time assumed I was sick because of a flare-up of lupus. I went back to being a workhorse because I felt it was all I had left to offer.

There were several times I wondered why I survived. I really shouldn't have, and I was told this many times. I was so angry and devastated when I woke up. But that quickly passed when I saw the look on my best friend's face and realized that I was really sick. Maybe there was a purpose for my being here. Or, at least, I had to feel like there was one.

I felt compelled to make what I did wrong right.

I absorbed anything and everything I could about suicide, mental illness, depression and OCD. I had to understand it. What I learned was that people like me die from it all the time. Dozens have died in the time it took me to type this, and I type 90 words a minute.

I have an overwhelming sense that I survived for a reason. I want to tell my story to help people, so no one else feels like I did. I want to help the people left behind, so they don't feel responsible for their loved one's death. I want to speak for those who completed suicide and let people know how much pain they were in. The pain and the disease were to blame.

But talking about it means people will know who and what I am.

I have "come out" recently to some people I know through the running community. We have spent a lot of time together, and they know most everything else about me. I have a picture of myself with them, smiling, celebrating one of their birthdays. It was the evening before my attempt. I can only imagine their reaction if that had been the last picture I had ever taken. I hope they realize that no one knew how badly I was hurting that night. I am finally in a place where I can be glad I'm still here.

Most of them have responded supportively, though I could tell some didn't understand. Some didn't respond at all, which I get, because if this is something you haven't been exposed to, it is very shocking.

But it is exactly these people I need to hear me. What if, one day, it is their child who is afraid to seek help?

*Far from what  
I once was but  
not yet what I  
am going to be.*

shinzoo.com

Luckily, no one has been unkind. I know I need to prepare myself for that to happen. And I realize this could affect me professionally. After telling my running friends, I posted my story on my main Facebook page, blocking it from only a few friends I wasn't ready to tell yet. I received a number of private messages filled with encouragement and understanding. Some thanked me for speaking out, and some shared their own stories.

I feel ready to take on the corporate world now. I am prepared to fight the stigma and know that every pain has a purpose. I pray I don't lose my career and everything I have worked for. But I can't forget that because of this disease, I almost lost my life. Hopefully, everything I have done in that life, and the respect I have earned, will allow me some understanding and open minds.

## Spotlight: Live Through This

Live Through This is an online photo and video collection set up by photographer Dese'Rae Stage (an attempt survivor and a graduate of East Tennessee State University) to document the experiences of people who have attempted suicide and found ways to survive.



The project is intended to personalize the issue of suicide, as well as the struggles of people who have attempted and survived.

"The intention of Live Through This is to show that everyone is susceptible to depression and suicidal thoughts by sharing portraits and stories of real attempt survivors—people who look just like you," Stage explains in an FAQ section on the project website. "These feelings could affect your mom, your partner, or your brother, and the fear of talking about it can be a killer."

In March 2013, Stage began taking her project beyond her home in Brooklyn, traveling across the country to interview and photograph fellow survivors. The project was funded by a Kickstarter campaign that raised \$23,000. After communicating with a would-be project participants via e-mail, she then sets up a visit for an interview and a photo shoot. The portraits and edited versions of the interviews are then added to the website.



Dese'Rae Stage (center), the originator of the "Live Through This" project, sits in front of some of the portraits included on the website

This photo originally accompanied an Associated Press article on the increasing prominence of attempt survivors in the suicide prevention movement (photo courtesy Mary Altaffer of the AP).

"Eventually, I'd like to create a mobile exhibition that will serve as an educational tool for universities, organizations, and anyone else who might like to promote suicide awareness in a unique, relatable way. In the meantime, I am booking speaking engagements," Stage explains. "When all is said and done, I hope to have enough material for a book or film, but that's likely several years in the future."

More information about the project is available at the Live Through This website (<http://livethroughthis.org>).

## Attempt Survivors Needed for Online Research Survey

Survivors of suicide attempts and/or suicidal ideation are invited to participate a study on stigma and family interactions.

The project is being conducted by Laura M. Frey, a doctoral candidate within the Department of Family Sciences at the University of Kentucky.

Interested parties over the age of 18 are invited to take an online survey (<http://bit.ly/ld23jM2>) which will take about 15-20 minutes. While you will not be compensated for your participation in the survey, the information you provide will provide vital insight into the influence on family interactions on the attempt survivor experience.

"As this area of research is so new, it has been a challenge to access individuals with these experiences, so I also invite researchers, clinicians, family, and friends to pass along this invitation to others who meet the description and want to share their experiences," Frey explained in a January 29 announcement about the survey on the American Psychological Association's suicidology mailing list.

Any questions about the study itself may be directed to Frey at (859) 948-9388 or [laura.frey@uky.edu](mailto:laura.frey@uky.edu)

## AAS Creates Lived Experience/Attempt Survivors Division



AMERICAN ASSOCIATION OF SUICIDOLOGY

*The following text is from an American Association of Suicidology press release published on February 5.*

The suicide rate is estimated at one in about 10,000 people. For people who have survived a suicide attempt, the risk is far higher. Today, the American Association of Suicidology (AAS) is taking a crucial step to engage this significant population. It is working to create a new division that will give people with the lived experience of suicidal thinking a chance to have a stronger voice in the field of suicide awareness.

From now on, all new or renewing AAS members have the option of declaring their primary affiliation as Lived Experience/Attempt Survivors. Directions on how to make this designation, including the March 24 deadline, are below. (Note: A personal lived experience is not necessary to declare this affiliation. People who have loved ones who have been suicidal, clinicians who work with people who are suicidal and researchers who strive to understand and best assist them are also welcome. This does not affect people's standing in other divisions.)

If 5 percent of the membership chooses Lived Experience/Attempt Survivor as their primary affiliation, AAS will create a Lived Experience/Attempt Survivors division, a groundbreaking step in the suicide prevention world. AAS President Dr. Bill Schmitz Jr. explains, "AAS is the only membership organization for the suicide awareness field, comprised of numerous subgroups including clinicians, researchers, crisis centers and survivors. It's time to bring those who have lived the experience into the fold and out of the shadows."

"The inclusion of attempt survivors will increase our ability to prevent future suicides and reduce stigma," said AAS board chair Julie Cerel, PhD.

The goal is to be able to announce this new division at the AAS national conference in Los Angeles this April. AAS board members have expressed their support and have worked hard in making this happen.

"I am thrilled to see this new opportunity for suicide attempt survivors and those who love and support them," says Sally Spencer-Thomas, Survivor Division Director for AAS. "There are many suicide loss survivors like me standing in solidarity because we know how important this effort is."

This potential division grows from the AAS Lived Experience/Attempt Survivor Task Force, which launched at the AAS national conference in 2013.

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*You can join AAS via their website (<http://www.suicidology.org/join>). You may then join the Lived Experience/Attempt Survivors division by submitting your name and e-mail address to [webmaster@suicidology.org](mailto:webmaster@suicidology.org) and [caraesque@gmail.com](mailto:caraesque@gmail.com)*

"can you hear me?" wants your articles, poetry, prose, and artwork for the next issue and the ones to come. We'll also need suggestions and recommendations on how we can make it better.

If there's a piece you want to submit to the newsletter, send it to [tspn@tspn.org](mailto:tspn@tspn.org) with the subject line "CYMH Submission".

Feedback and suggestions can also be sent to this address with the subject line "CYMH Feedback".

## Suicide Anonymous

Suicide Anonymous (SA) is a self-help program based on the model of Alcoholics Anonymous. It provides a safe environment for people to share their struggles with suicide and to develop strategies for recovery from suicidal preoccupation and behavior.

Suicidal people do not have safe places to talk honestly about their struggles with suicide. The stigma towards suicide pervades every segment of our society, including religious organizations and even the mental health field. SA, therefore, exists to offer a support system for survivors, to make a distinction between the suicide attempt and the person involved, to cast off the societal stigma that too often plagues the survivor, and to develop strategies for mutual support and healing.

During each meeting, a chairperson presents topics and members share their experiences or simply listen. Members also provide updates about how they are dealing with their suicidal impulses. Talking openly about suicide with people who understand the problem lessens the shame and stigma, combats isolation, and shows that it is safe to reach out for support in a crisis. In sharing their stories, members overcome the shame and stigma of a life of struggle with suicide. Meanwhile, listeners identify with the story or break through denial of the extent of their own struggles.

New participants pick experienced members to guide them through the Twelve Steps model. They also exchange phone numbers with group members as a resource for crises between meetings. Members learn to reach out to fellow members for support in a suicidal crisis. They also get to experience the other end of a suicide crisis.

Members also select bottom-line behaviors for themselves. These are component behaviors of suicidality like hoarding pills, suicidal fantasies, compulsively driving through cemeteries, etc. Members commit to stop bottom-line behaviors one day at a time, and these behaviors may change with progress in recovery.

Several SA groups are available for viewing and participation via Skype. More information is available at [suicide.anonymous0811@gmail.com](mailto:suicide.anonymous0811@gmail.com).

Available Skype sessions:

Meeting time	Meeting name	Host city
Every Monday, 10 AM Central / 11 AM Eastern	World Wide Meeting	None
Every Tuesday, 6 PM Central / 7 PM Eastern	Grateful Blossom	Westmont, New Jersey
Every Sunday, 6:30 PM Central / 7:30 PM Eastern	Hope Group	Cordova, TN
Second and Fourth Thursdays, 6 PM Central / 7 PM Eastern	Rise Above	Lumberton, NJ

The SA website ([suicideanonymous.net](http://suicideanonymous.net)) features more information about the group, such as details about its World Service Committee and about the Little Book, the guiding document, which discusses the problem of suicide addiction from the viewpoint of the person affected. Interested parties may also contact the group directly at [info@suicideanonymous.net](mailto:info@suicideanonymous.net) or (901) 654-7673.



# can you hear me?

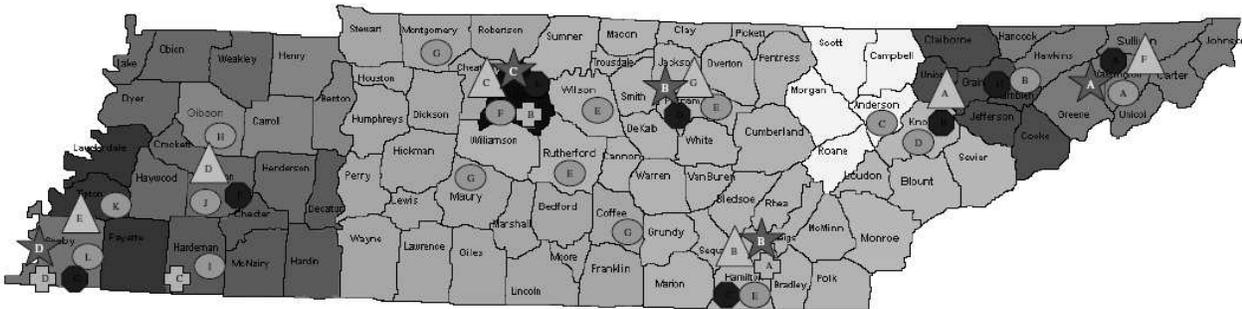
Tennessee Suicide  
Prevention Network

"Saving Lives in Tennessee"

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## Crisis Resources in Your Area



CRISIS TEAMS – CRISIS STABILIZATION UNITS – REGIONAL MENTAL HEALTH INSTITUTES – MEDICALLY MONITORED CRISIS DETOXIFICATION

### Mobile Crisis Teams

- A Frontier Health
- B Cherokee Health Systems
- C Ridgeview Psychiatric Hospital & Center
- D Helen Ross McNabb
- E Volunteer Behavioral Health
- F Mental Health Co-Operative
- G Centerstone Community MHC
- H Carey Counseling Center
- I Quinco Community MHC
- J Pathways of Tennessee
- K Professional Care Services
- L Southeast Mental Health Center

### Crisis Stabilization Units/Walk-in Center

- A Frontier Health
- B Helen Ross McNabb Center
- C Volunteer Behavioral Health – Chattanooga
- D Volunteer Behavioral Health – Cookeville
- E Mental Health Co-Operative
- F Pathways of Tennessee
- G Southeast Mental Health Center
- H Cherokee Health Systems

### RMHI

- A Moccasin Bend Mental Health Institute
- B Middle TN Mental Health Institute
- C Western Mental Health Institute
- D Memphis Mental Health Institute

### MMCD

- A Helen Ross McNabb
- B CADAS
- C Buffalo Valley
- D Pathways
- E Serenity
- F Frontier
- G Volunteer

### Respite Services

- A Frontier Health
- B Volunteer Behavioral Health
- C Mental Health Co-Operative
- D Southeast Mental Health Center

This map of crisis response teams and facilities is provided to TSPN courtesy of Melissa Sparks, Director of the Office of Crisis Services and Suicide Prevention within the Tennessee Department of Mental Health and Substance Abuse's Division of Mental Health Services. More information about these facilities is available from Ms. Sparks at (615) 253-4641 or [melissa.sparks@tn.gov](mailto:melissa.sparks@tn.gov)

## Need Help Right Now?

Feelings of hopelessness, feeling trapped, feeling like a burden to others, increased alcohol or drug consumption, sleeping too little or too much, and withdrawing or feeling isolated from others are signs that you or a loved one may need help now.

If you or a loved one are feeling suicidal, please seek help immediately. Call the National Suicide Prevention Lifeline at 1-800-273-TALK or visit [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

**NATIONAL**  
**SUICIDE**  
**PREVENTION**  
**LIFELINE™**  
**1-800-273-TALK**  
[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)